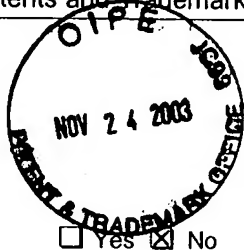


PATENTS ONLY

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Ralph F. Kalies



Additional names(s) of conveying party(ies)

☐ Yes ☒ No

3. Nature of conveyance:

☒ Assignment

☐ Merger

☐ Security Agreement

☐ Change of Name

☐ Other

Execution Date: October 14, 2002

2. Name and address of receiving party(ies):

Name: Omnicare, Inc.

Internal Address:

Street Address: 1600 Rivercenter II

100 East Rivercenter Blvd.

City: Covington

State: KY

ZIP: 41011

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent numbers(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s)

60/417,056

60/416,810

40/416,798

60/392.066

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☐ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: James R. Eley, Esq. Reg. No. 36,790

Internal Address: Thompson Hine LLP

Street Address: 10 W. Broad St., Suite 700

City: Columbus State: OH ZIP: 43215

6. Total number of applications and patents involved: 4

7. Total fee (37 CFR 3.41):.....\$ 160.00

☒ Enclosed - Any excess or insufficiency should be credited or debited to deposit account

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8. Deposit account number:

20-0809

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

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3